



**Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory**  
Mail to: Right-to-Know Program  
1000 SW Jackson Suite 330  
Topeka KS 66612-1365  
(785) 296-1688

Important: Read all instructions before completing form

1. Reporting Period  
From January 1 to December 31, 2020 Page 1 of 3

2. Facility Identification 2a. New Facility ☐ Yes ☒ No

Name FOLEY EQUIPMENT - CONCORDIA

Street Address 1805 LINCOLN ST

Latitude 39.5591980 Longitude -97.6568400

City CONCORDIA County CLOUD State KS Zip 66901

Phone 785-243-1960

NAICS 811310

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants 15 ☒ Manned ☐ Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?  
☒ Yes ☐ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?  
☐ Yes ☒ No

4a. Tier II Contact

Name TYLER CONQUEST

Title EHS COORDINATOR

Phone 316-943-4211 24-hour phone 316-239-4681

Email taconquest@foleyeq.com

4b. Emergency Contact

Name GARTH HAVEL

Title SHOP MGR

Phone 785-243-1960 24-hour phone 785-221-9716

Email ghavel@foleyeq.com

Name MATTHEW PETERS

Title PARTS MGR

Phone 785-243-1960 24-hour phone 785-614-2330

Email mwpeters@foleyeq.com

7. Certification (Read and sign after completing all Sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through 1 and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

3a. Owner/Operator Identification

Business Name FOLEY INDUSTRIES INC

Address 1550 S WEST ST

City WICHITA State KS Zip 67213

Business Phone 316-943-4211 Country USA

Submitter TYLER CONQUEST

Email taconquest@foleyeq.com

Dun & Bradstreet

3b. Mailing Address if different from Owner/Operator Address

Business Name

Address

City State KS Zip

ATTN

Phone

5. Section Reporting: Please check as appropriate

☒ Section 312

☐ Section 311

☐ Section 302

☒ Annual

☐ Revision

☐ Identical to last year

For Official Use Only

Facility ID #

Parent ID #

Entered by

6. Optional Attachments

☐ Site Plan

☐ Description of Dikes

☐ Site Coordinate Abbreviations

☐ Other Safeguard Measures

Date

Signature





MIXTURE COMPONENT INFORMATION FORM

Chemical Name: BATTERY

CAS #: N/A

Mixture Component Chemicals	%	CAS #	EHS
LEAD	43-70	7439-92-1	<input type="checkbox"/>
SULFURIC ACID	20-44	7664-93-9	<input checked="" type="checkbox"/>
ANTIMONY	3-5	7440-36-0	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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